

INSTRUCTIONS

1. Do not write in Section 1, for DMV use only.
2. Complete all applicable information in Section 2 and Section 3
(All information must be typed).
3. Sign application and notarize.
4. Return all copies to: Department of Motor Vehicles, Dealers and
Repairers Section, 60 State Street, Wethersfield, CT 06161-2011
5. You may only use 24 characters (including spaces) in your standardized
name.
6. The registration and title will be issued in the standardized name.



SECTION 1: DMV USE ONLY

| | | |
|----------------|-----------------|-------------------|
| LICENSE NUMBER | EXPIRATION DATE | TYPE OF INSURANCE |
|----------------|-----------------|-------------------|

SECTION 2: LESSOR INFORMATION

| | |
|---|---|
| LEASING COMPANY NAME | |
| LEASING COMPANY'S STANDARDIZED NAME (The way your name will appear on all DMV documents) | |
| TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL | |
| PRIMARY BUSINESS LOCATION TO WHICH LICENSE IS ISSUED TO (No. and Street) | |
| TELEPHONE NUMBER | |
| (City) | (State) |
| (Zip Code) | |
| OTHER LOCATIONS AT WHICH BUSINESS IS CONDUCTED, ATTACH LIST IF NECESSARY (No. and Street) | |
| (State) | |
| LEASING COMPANY NORMAL BUSINESS HOURS | |
| FEDERAL EMPLOYEE I.D. NO. (Or Social Security No.(s) if applicable) | |
| ADDRESS AT WHICH BUSINESS AND VEHICLE LEASING RECORDS ARE MAINTAINED (No. and Street) | |
| (City) | |
| (State) | |
| CONNECTICUT LICENSED DEALER <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, CHECK APPROPRIATE BOX BELOW <input type="checkbox"/> USED CAR DEALER <input type="checkbox"/> NEW CAR DEALER |
| LICENSE NUMBER | |
| DO YOU LEASE VEHICLES FOR PERIODS OF 30 DAYS OR MORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| LEASE COMPANY HAS 20-DAY TRANSFER CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO | STATE TAX NUMBER |
| TYPE OF OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> TRUST | |
| INSURANCE CARRIER | |
| TELEPHONE NUMBER | |
| INSURANCE POLICY NUMBER | |
| POLICY EFFECTIVE DATE | |

SECTION 3: [MAILING ADDRESS FOR ALL REGISTRATION RENEWALS (Information must be typed)]

Name _____ Street _____
Town _____ State _____ Zip Code _____

CONTACT PERSON FOR REGISTRATION RENEWAL PROBLEMS

Name _____ Phone # _____ Fax # _____

Signature of Company Official

Printed Name of Company Official

I declare under the penalties of false statement that the attached information is true and correct. I understand that a violation of any Connecticut statutes or regulations pertaining to my licensed business may result in the revocation of my license to lease or rent motor vehicles in the State of Connecticut.

| | | |
|------------------------|---------------------|------|
| APPLICANT'S TITLE | APPLICANT SIGNATURE | DATE |
| APPLICANT PRINTED NAME | NOTARY SIGNATURE | DATE |